

FORM 2*
Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

Name Erin P. Carroll		Title Manager/ Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City North Kingstown	State Rhode Island	ZIP 02852	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	

Name Shelli M. Barry		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Waltham	State MA	ZIP 02451	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	

Name Mary C. Butler		Title Member	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Dedham	State MA	ZIP 02026	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) N/A		Own. % Business Associated with N/A		Effective Own. % in Applicant [REDACTED]	

Name Melinda Gildea		Title Member		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]		City Cohasset		State MA		ZIP 02025		Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A				Own. % Business Associated with N/A			Effective Own. % in Applicant [REDACTED]		
Name Derek Ross		Title Member		SSN/FEIN [REDACTED]		DOB [REDACTED]		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address [REDACTED]		City Chepachet		State Rhode Island		ZIP 02814		Phone Number [REDACTED]	
Business Associated with (Parent business or sub-entity) N/A				Own. % Business Associated with N/A			Effective Own. % in Applicant [REDACTED]		
Name N/A		Title		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State		ZIP		Phone Number ()	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant		
Name N/A		Title		SSN/FEIN		DOB		App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address		City		State		ZIP		Phone Number ()	
Business Associated with (Parent business or sub-entity)				Own. % Business Associated with			Effective Own. % in Applicant		

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest
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Please see attached sheet at Form 2, Part II Supplemental Information		
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Shelli M. Barry
Authorized Signatory

1/25/2018
Date

Shelli M. Barry
Printed Name

Form 2, Part II, Supplemental Information

NAME	Date of Birth	SSN/ EIN	Interest
Jim Coull	[REDACTED]	[REDACTED]	[REDACTED]
Future Farm Technologies Inc.*	N/A	[REDACTED]	[REDACTED]
William A. Gildea	[REDACTED]	[REDACTED]	[REDACTED]
John Sweeney	[REDACTED]	[REDACTED]	[REDACTED]
Craig Stanley	[REDACTED]	[REDACTED]	[REDACTED]
Scott McDermid	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			